



Scott E. Glaser, MD
Ira Goodman, MD
Scott McDaniel, MD

You have requested Pain Specialists of Greater Chicago to fill out a form. Your physician can only **complete appropriate medical forms that relate to your treatment plan. We are unable to complete forms for disability that were not started by a PSGC physician.**

Forms for discharging of **credit card bills, electric bills, mortgage bills, or car payments** will **NOT** be completed by PSGC. If you have any questions as to the appropriateness of a form, please ask **before** submitting the forms.

A fee of \$25.00 is due PRIOR to any form being completed by this office. This fee CANNOT be billed to you and it is NOT a charge that is covered by most insurance policies.

You may pay this fee by cash or debit/credit card. We do not accept personal checks

It takes approximately 7-10 days for most forms. **Once the form has been completed and signed by the physician (this varies as to when the physician is in the office),** we will call you. At your request the forms may be picked up by you or mailed/ faxed to your insurance company.

If you have any special request or information that will be needed for the forms, please contact us.

To expedite the forms process as quickly as possible, please complete the following information:

Name: _____ DOB: _____

Home Number: _____ Mobile Number: _____

Date last worked: _____ Presently working: Full-time _____ Part-time _____ Not working _____

Time off required for form: _____

Date restrictions and limitations began: _____

Forms to be **mailed** to: Name: _____

Address: _____

Form to be **faxed** to: _____ Form to be picked up: _____

Thank you for your cooperation, Payment amount _____ Payment type _____